

# Corrective Action Plan (Sample)

## DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

Investigation ID:

License #: XXX-XX-XXX

Organization Name:

Date of Inspection:

Program Type/Facility Name: Residential Facility

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
280.B Physical environment shall be clean, safe and well-maintained	N	Both bathtubs are either, in need of a thorough cleaning or replacement. The appearance of the tubs do not meet the requirement of being well-maintained. The sink in the up stairs bathroom has an area of damage, the light fixture has uncovered bulbs, and the mirrors have areas of damage.	The bathtubs have been thoroughly cleaned. A maintenance request was submitted 04/04/09 regarding the bathroom sink, the uncovered bulbs in the bathroom, and the damaged mirror. Cleanliness of bathtubs will be added to the weekly facility review/monitoring list completed by the Program Director.  ACCEPTED.	4/30/2009

### General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

\_\_\_\_\_, Specialist

\_\_\_\_\_  
(Signature of Organization Representative)

\_\_\_\_\_  
Date

Mail to: P O Box 1797  
Richmond, VA 23218

Due Date:

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined